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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/531,547	
	Filing Date	November 6, 2005	
	First Named Inventor	KHOSLA	
	Art Unit	UNKNOWN	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission	4	Attorney Docket Number	01-271

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks No New Matter		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Board of Trustees of the Leland Stanford Junior University		
Signature	<i>Katharine Ku</i>		
Printed name	Katharine Ku		
Date	<i>June 12, 2008</i>	Reg. No.	30,078

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Typed or printed name	Maria Gladfelter	Date	<i>6/13/08</i>

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AMENDMENT Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket: 01-271
	First Named Inventor: CHAITAN KHOSLA
	Application Number: 10/531,547
	Confirmation Number: 3888
	Filing Date: 11/06/2005
	Title: Diagnostic method for celiac sprue

Sir:

Please make the following amendments in the above-identified patent application.

Amendments to the specification begin on page 2.